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COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, Supplemental)

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As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental

INVENTORSHIP IDENTIFICATION

*Warning: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

HIGH-STRENGTH SURFACE-MOUNTED ANCHORS AND WALL  
ANCHOR SYSTEMS USING THE SAME

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

*Note: "The following combinations of information supplied in an oath or declaration filed on the application filing date with a specific are acceptable as minimums for identifying a specification and compliance with any one of the items below will be accepted as complying with the identification requirement of 37 CFR 1.63:*

*"(1) name of inventor(s), and reference to an attached specification which is both attached to the oath or declaration at the time of execution and submitted with the oath or declaration on filing;*

*"(2) name of inventor(s), and attorney docket number which was on the specification as filed; or*

*"(3) name of inventor(s), and title which was on the specification as filed."*

## **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

**I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s).**

**I acknowledge the duty to disclose information, which is material to patentability as defined in 37 CFR § 1.56 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent,**

## **POWER OF ATTORNEY**

**I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.**

<b>Siegmar Silber, Esq.</b>	<b>Registration No. 26,233</b>
<b>Lawrence G. Fridman, Esq.</b>	<b>Registration No. 31,615</b>

**(check the following item, if applicable)**

☐ **Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).**

### **SEND CORRESPONDENCE TO**

**Siegmar Silber, Esq.  
SILBER & FRIDMAN  
66 Mount Prospect Avenue  
Clifton, NJ 07013-1918**

### **DIRECT TELEPHONE CALLS TO:**

**Siegmar Silber, Esq.  
(973) 779-2580  
FAX: (973) 779-4473**

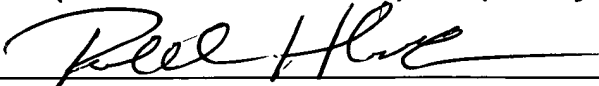
## **DECLARATION**

**I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.**

**SIGNATURE(S)**

**Note: Carefully indicate the family (or Last) name, as it should appear on the filing receipt and all other documents.**

**Full name of sole or first Inventor**

Ronald P. Hohmann, Jr.  
(Given Name) (Middle Initial or Name) (Family or Last Name)  
Inventor's signature   
Date 1/23/04 Country of Citizenship U. S. A.  
Residence 30 Rasons Court, Hauppauge, New York 11788  
Post Office Address \_\_\_\_\_

**Full Name of second joint inventor, if any**

\_\_\_\_\_  
(Given Name) (Middle Initial or Name) (Family or Last Name)  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

**Full Name of third joint inventor, if any**

\_\_\_\_\_  
(Given Name) (Middle Initial or Name) Family (or Last Name)  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

**(Check proper box for any of the following added pages(s)  
that form a part of this declaration)**

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- ☐ **Authorization of attorney(s) to accept and follow instructions from representative**

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**(If not further pages form a part of this Declaration,  
then end this Declaration with this page and check the following item)**

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